

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

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OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
hours per respor	158 16 no

SEC USE ONLY									
Prefix	Serial								
DATE	RECEIVED								
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UNIFORM LIMITED OFFERING EX	KEMPTION
Name of Offering (check if this is an amendment and name has changed, and indicate changed corporation march 4, 2004 OFFERING	e.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 A Rule 506 Section Section Rule 505 A Rule 506 Section Rule 505 A Rule 506 Section Rule 505 A Rule 506 Rul	on 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04011468
VECTORMAX CORPORATION	0.1011409
Address of Executive Offices (Number and Street, City, State, Zip Co	ode) Telephone Number (Including Area Code)
4 DUBON COURT, FARMINGDALE, NEW YORK 11735	631-694-7360
Address of Principal Business Operations (Number and Street, City, State, Zip C (if different from Executive Offices)	ode) Telephone Number (Including Area Code)
Brief Description of Business	
PLEASE SEE ATTACHED	
Type of Business Organization Corporation Dimited partnership, already formed otherwise of the corporation of the corporatio	her (please specify): PROCESSED
Month Year	MAR 11 2004
Actual or Estimated Date of Incorporation or Organization: [10 98 X Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	Estimated State: THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation 77d(6).	n D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offer and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address give which it is due, on the date it was mailed by United States registered or certified mail to that address.	ring. A notice is deemed filed with the U.S. Securities on below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C.	20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be man photocopies of the manually signed copy or bear typed or printed signatures.	ually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only rethereto, the information requested in Part C, and any material changes from the information previously su not be filed with the SEC.	eport the name of the issuer and offering, any changes ipplied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) fo ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	e Securities Administrator in each state where sales
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate lederal notice will not result in a loss of an available state exemption unfilling of a federal notice.	exemption. Conversely, failure to file the less such exemption is predictated on the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## **Brief Description of Business**

VectorMAX Corporation provides global Internet video and audio delivery technology and services that allow businesses, telecommunication providers, educational institutions, media companies and broadcasters to perform video communications and delivery on a live or on-demand basis. The Company's products are software programs that operate on standard low cost PCs and laptops, greatly simplifying the logistics and cost of Internet video delivery to small or large audiences.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------|------------------------------------------------------------------------------------|
| <ul> <li>Each beneficial</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                              |                                                    |                    | ore of a class of equity securities of th                                          |
| Each executive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | officer and direct                                                                                                      | or of corporate issuers and                                                                                  | of corporate general and                           | managing part      | is of partnership issuers; and                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | er of partnership issuers.                                                                                   | South and                                          | managing partitet  | of partnership (ssuers; and                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                              | <del></del>                                        |                    |                                                                                    |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Promote                                                                                                                 | u 🔣 Beneficial Owne                                                                                          | r 🛣 Executive Offic                                | cer Directo        | General and/or Managing Partner                                                    |
| Full Name (Last name first                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , if individual)                                                                                                        |                                                                                                              |                                                    |                    |                                                                                    |
| MAGGIORE, DOMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NIC                                                                                                                     |                                                                                                              |                                                    |                    |                                                                                    |
| Business or Residence Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ress (Number a                                                                                                          | nd Street, City, State, Zip                                                                                  | Code)                                              |                    |                                                                                    |
| 4 DUBON COURT,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FARMINGDA                                                                                                               | LE, NEW YORK 1                                                                                               | 1735                                               |                    |                                                                                    |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Promoter                                                                                                                | Beneficial Owner                                                                                             | Executive Office                                   | er 🔼 Director      | General and/or Managing Partner                                                    |
| ull Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | if individual)                                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                        | <del></del>                                        |                    |                                                                                    |
| KOST, NED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                              |                                                    |                    |                                                                                    |
| usiness or Residence Addr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ess (Number ar                                                                                                          | nd Street, City, State, Zip C                                                                                | Code)                                              |                    |                                                                                    |
| 900 OGDEN AVEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OE, #222,                                                                                                               | DOWNERS GROVE,                                                                                               | IL 60515                                           |                    |                                                                                    |
| heck Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Promoter                                                                                                                | Beneficial Owner                                                                                             | Executive Office                                   | r Director         | General and/or Managing Partner                                                    |
| ull Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | if individual)                                                                                                          |                                                                                                              |                                                    |                    |                                                                                    |
| PRAGIAS, THOMAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                                                                                                       |                                                                                                              |                                                    |                    |                                                                                    |
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| 4 DUBON COURT,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PARMINGDA                                                                                                               | LE, NEW YORK 11                                                                                              | 735                                                |                    |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                              |                                                    |                    |                                                                                    |
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| ill Name (Lasi name first, i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | f individual)                                                                                                           |                                                                                                              |                                                    | Director           |                                                                                    |
| ill Name (Lasi name first, i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | f individual)                                                                                                           | Beneficial Owner                                                                                             |                                                    | <b>▼</b> Director  |                                                                                    |
| ill Name (Lasi name first, i<br>ROMANO, JAMES<br>ssiness or Residence Addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | findividual)                                                                                                            |                                                                                                              | de)                                                | Director           |                                                                                    |
| theck Box(es) that Apply:  Ill Name (Last name first, in ROMANO, JAMES  Isliness or Residence Address  C/O 4 DUBON COU-  Leck Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | findividual)                                                                                                            | l Street, City, State, Zip Co                                                                                | de)                                                | Director  Director |                                                                                    |
| ROMANO, JAMES usiness or Residence Addre C/O 4 DUBON COU leck Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | findividual)  ss (Number and  RT, FARMIN  Promoter                                                                      | l Street, City, State, Zip Co                                                                                | de)<br>C 11735                                     |                    | Managing Partner  General and/or                                                   |
| ROMANO, JAMES usiness or Residence Addre C/O 4 DUBON COU leck Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | f individual)  ss (Number and  RT FARMIN  Promoter  [individual)                                                        | l Street, City, State, Zip Co IGDALE, NEW YORE  Beneficial Owner                                             | de)  C 11735  Executive Officer                    |                    | Managing Partner  General and/or                                                   |
| ROMANO, JAMES rainess or Residence Addre C/O 4 DUBON COU eck Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | f individual)  ss (Number and  RT FARMIN  Promoter  findividual)                                                        | l Street, City, State, Zip Co                                                                                | de)  C 11735  Executive Officer                    |                    | Managing Partner  General and/or                                                   |
| ROMANO, JAMES rainess or Residence Addre C/O 4 DUBON COU eck Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | f individual)  ss (Number and  RT FARMIN  Promoter  findividual)                                                        | l Street, City, State, Zip Co IGDALE, NEW YORE  Beneficial Owner                                             | de)  C 11735  Executive Officer                    |                    | Managing Partner  General and/or Managing Partner                                  |
| all Name (Last name first, i<br>ROMANO, JAMES<br>usiness or Residence Addre<br>C/O 4 DUBON COU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f individual)  ss (Number and  RT FARMIN  Promoter  findividual)                                                        | l Street, City, State, Zip Co IGDALE, NEW YORE  Beneficial Owner                                             | de)  C 11735  Executive Officer                    |                    | Managing Partner  General and/or Managing Partner                                  |
| ROMANO, JAMES  ISINESS OF RESIDENCE Address  EC/O 4 DUBON COU  ECK Box(es) that Apply:  Il Name (Last name first, if  Siness or Residence Address  ECK Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | findividual)  ss (Number and  RT, FARMIN  Promoter  findividual)  s (Number and                                         | Street, City, State, Zip Co                                                                                  | de)  C 11735  Executive Officer                    | Director           | Managing Partner  General and/or Managing Partner  General and/or                  |
| Il Name (Last name first, in ROMANO, JAMES stress or Residence Address o | findividual)  ss (Number and  RT, FARMIN  Promoter  findividual)  s (Number and  Promoter  individual)                  | Street, City, State, Zip Co IGDALE, NEW YORE Beneficial Owner  Street, City, State, Zip Cod Beneficial Owner | de)  ( 11735  Executive Officer  Executive Officer | Director           | Managing Partner  General and/or Managing Partner  General and/or                  |
| ROMANO, JAMES  ISINESS OF RESIDENCE Address  C/O 4 DUBON COU  ECK Box(es) that Apply:  Il Name (Last name first, if  Siness of Residence Address  ECK Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | findividual)  ss (Number and  RT, FARMIN  Promoter  findividual)  s (Number and  Promoter  individual)                  | Street, City, State, Zip Co IGDALE, NEW YORE Beneficial Owner  Street, City, State, Zip Cod Beneficial Owner | de)  ( 11735  Executive Officer  Executive Officer | Director           | Managing Partner  General and/or Managing Partner  General and/or                  |
| ROMANO, JAMES  ISINESS OF RESIDENCE Address  ISINESS OF RESIDENCE ADDRESS  ISINESS OF RESIDENCE ADDRESS  IN Name (Last name first, if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | findividual)  ss (Number and  RT, FARMIN  Promoter  findividual)  s (Number and  Promoter  individual)                  | Street, City, State, Zip Co IGDALE, NEW YORE Beneficial Owner  Street, City, State, Zip Cod Beneficial Owner | de)  ( 11735  Executive Officer  Executive Officer | Director           | Managing Partner  General and/or Managing Partner  General and/or                  |
| ROMANO, JAMES  Isiness or Residence Addres  C/O 4 DUBON COU  Leck Box(es) that Apply:  Il Name (Last name first, if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | findividual)  ss (Number and  RT, FARMIN  Promoter  findividual)  s (Number and  Promoter  individual)  s (Number and s | Street, City, State, Zip Co                                                                                  | de)  ( 11735  Executive Officer  Executive Officer | Director  Director | Managing Partner  General and/or Managing Partner  General and/or Managing Partner |

|                      |                                                                                  |                                               |                                                  |                                                           | . Afrik                                                   | director.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 101, 14                                                    | DOM:                                               | 20 34                                    | i It                   |                |            |
|----------------------|----------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|------------------------------------------|------------------------|----------------|------------|
| t. Ha                | is the issuer                                                                    | sald orda                                     | es the issu                                      | er intend t                                               | o sell to n                                               | on-accredi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ted investo                                                | vec in this s                                      | effaring 1                               |                        | Y              |            |
|                      |                                                                                  |                                               |                                                  |                                                           | so in Apper                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          | *************          |                | ] {        |
| 2. Wh                | nat is the mi                                                                    | nimum inv                                     |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | _                                                  |                                          |                        | _              |            |
| 2. ,,,,              | 100 15 1.10 1.11                                                                 |                                               |                                                  | 50                                                        | iooopiou iii                                              | om any me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A PIOURI:                                                  | •••••••••                                          |                                          |                        | •              | 1,000      |
| 3. Do                | es the offeri                                                                    | ng permit j                                   | oint owner                                       | ship of a                                                 | single unit?                                              | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                    | *************                            |                        | Ye<br>         | -          |
| 4. Ent com If a or s | ter the infor<br>nmission or:<br>person to be<br>tates, list the<br>roker or dea | mation requisimilar remited is an anne of the | uested for uneration for associated to broker or | each perso<br>or solicitat<br>I person or<br>r dealer. If | on who has<br>tion of purch<br>agent of a b<br>fmore than | been or whasers in coordinately of the control of t | rill be paid<br>onnection v<br>caler regist<br>rsons to be | or given, with sales of ered with the listed are a | directly or<br>fsecurities<br>he SEC and | indirectly in the offe | , any<br>ring. |            |
| Full Nan             | ne (Last nar                                                                     | ne first, if i                                | ndividual)                                       |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    | ·····                                    |                        |                |            |
| Business             | or Residen                                                                       | ce Address                                    | (Number a                                        | and Street,                                               | City, State                                               | , Zip Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>:</b> )                                                 |                                                    |                                          |                        |                |            |
| lame of              | Associated                                                                       | Broker or                                     | Dealer                                           |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        |                |            |
| tates in             | Which Pers                                                                       | on Listed F                                   | las Solicite                                     | d or Inten                                                | ds to Solic                                               | it Purchase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                    |                                          | <del></del>            |                |            |
| (Che                 | ck "All Sta                                                                      | tes" or che                                   | ck individu                                      | al States)                                                |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    | * * * * * * * * * * * * * * * * * * * *  |                        | 🗖              | All States |
|                      |                                                                                  |                                               |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        | u,             | vii States |
| [AL]                 | : ==                                                                             | [AZ]                                          | (KS)                                             | CA<br>KY                                                  | CO<br>LA                                                  | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (DE)<br>MD)                                                | DC<br>MA                                           | []<br>[MI]                               | (GA)                   | HI             | (ID)       |
| MT                   |                                                                                  | NV                                            | NH                                               | [K]                                                       | NM                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NC                                                         | ND                                                 | OH                                       | MN<br>OK               | MS<br>OR       | MO         |
| RI                   |                                                                                  | SD                                            | K                                                |                                                           | UT                                                        | VT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VA                                                         | WA                                                 | WV)                                      | WI)                    | WY             | PR         |
|                      | or Resident                                                                      |                                               |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        | <del></del>    |            |
|                      |                                                                                  | <del></del>                                   |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        |                |            |
|                      | Which Perso                                                                      |                                               |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | -                                                  |                                          |                        |                |            |
| (Chec                | k "All State                                                                     | s" or checl                                   | k individua                                      | l States)                                                 | •••••                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | *******************************                    |                                          |                        | - 🔲 Ali        | l States   |
| AL                   | AK                                                                               | AZ                                            | AR                                               | CA                                                        | CO                                                        | CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DE                                                         | DC                                                 | FL                                       | GA                     | HI             | Œ          |
|                      | N                                                                                | IA                                            | KS                                               | KY                                                        | LA                                                        | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MD                                                         | MA                                                 | MI                                       | MN                     | MS             | MO         |
| MT                   | NE                                                                               | NV                                            | NH]                                              | [K]                                                       | MM                                                        | NY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NC)                                                        | ND                                                 | OH                                       | OK                     | OR             | PA         |
| RI                   | [SC]                                                                             | SD                                            | TN                                               | TX                                                        | UT]                                                       | VT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VA                                                         | WA                                                 | WV                                       | WI                     | WY             | PR         |
| Name                 | (Last name                                                                       | first, if ind                                 | iividual)                                        |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | -                                                  |                                          |                        |                |            |
| iness o              | r Residence                                                                      | Address (                                     | Number an                                        | d Street, C                                               | ity, State, 2                                             | Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                    |                                          |                        |                |            |
|                      |                                                                                  |                                               |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        |                |            |
| ne of As             | ssociated Br                                                                     | oker or De                                    | aler                                             |                                                           | <del>-</del>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        |                |            |
|                      |                                                                                  | Listed Use                                    | Calificat                                        | on Intende                                                | to Calinit D                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          | <del></del>            |                |            |
| 11/                  |                                                                                  | risted has                                    |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | **************                                     |                                          |                        |                | 244        |
|                      | hich Person  "All States                                                         | " or check                                    | individual                                       | States)                                                   |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        |                |            |
| (Check               | "All States                                                                      |                                               |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        | ☐ All 3        | States     |
| (Check               | "All States                                                                      | AZ                                            | AR                                               | CA                                                        | CO                                                        | CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DE                                                         | DС                                                 | FL                                       | GA                     | H              | (D)        |
| (Check               | "All States                                                                      |                                               |                                                  |                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                    |                                          |                        | HI<br>MS       |            |

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1  | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec                                                                                                                                                                                                                                                                                    | k ·                         |                                             |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------|
|    | this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.                                                                                                                                                                                                                                                                    | đ                           |                                             |
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                       | Aggregate<br>Offering Price | Amount Aiready<br>Sold                      |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                   | S                           | \$                                          |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                 |                             | \$ 250,000                                  |
|    | ☑ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                   |                             | 223,000                                     |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                            | \$                          | S                                           |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                  |                             |                                             |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                        |                             |                                             |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                             |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |                             | <u>ــــــــــــــــــــــــــــــــــــ</u> |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | A 0.0000-1-                                 |
|    |                                                                                                                                                                                                                                                                                                                                                                                        | Number<br>Investors         | Aggregate Dollar Amount of Purchases        |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                   | 1                           | <b>\$</b> _250,000                          |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                               |                             | <b>s</b>                                    |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                |                             | \$                                          |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |                             |                                             |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.                                                             |                             |                                             |
|    |                                                                                                                                                                                                                                                                                                                                                                                        | Type of                     | Dollar Amount                               |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                       | Security                    | Sold                                        |
|    | Ruje 505                                                                                                                                                                                                                                                                                                                                                                               |                             | \$                                          |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                           |                             | 5                                           |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                               |                             | S                                           |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                             | ,                                           |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | ,                           |                                             |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                  | 🗀 1                         | <u> </u>                                    |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                           | 🗀 S                         |                                             |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                             | 🗷 🗴                         | 10,000                                      |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                        | 🗀 s                         |                                             |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                       | s                           |                                             |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                   | s                           |                                             |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                              | \$.                         |                                             |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  | <del>-</del>                | 10.000                                      |

and the state of the control of the state of

|      | TO THE THE PRICE NUMBER OF THY STORS EXPENSES AND USE OF S                                                                                                                                                                                                                                                                                                                                   | ROGETDS 🔛                                              |                                          |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------|
|      | b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."                                                                                                                                                     |                                                        | \$ 240,000                               |
| 5,   | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. |                                                        |                                          |
|      |                                                                                                                                                                                                                                                                                                                                                                                              | Puyments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                    |
|      | Salariex and fces                                                                                                                                                                                                                                                                                                                                                                            | s 90,000                                               | XIS 90,000                               |
| ٠    | Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                      | <b>S</b>                                               |                                          |
|      | Purchase, rental or leasing and installution of machinery and equipment                                                                                                                                                                                                                                                                                                                      |                                                        |                                          |
|      | Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                                                    | - <u></u> 2                                            | U*                                       |
|      | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)                                                                                                                                                                                               |                                                        |                                          |
|      | Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                    | الدامار ما الشا                                        | 8 S                                      |
|      | Working capital                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                               | s 12,000                                 |
|      | Other (specify):                                                                                                                                                                                                                                                                                                                                                                             |                                                        | g s 48,000                               |
|      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                                          |
|      | Column Totals                                                                                                                                                                                                                                                                                                                                                                                |                                                        | <u>x</u> s 150,000                       |
|      | Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                  | -C-2                                                   | 40,000                                   |
|      | D FEBELAL SIGNATURE                                                                                                                                                                                                                                                                                                                                                                          | A CONTRACTOR OF THE                                    |                                          |
| re i | issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is fature constitutes an undertaking by the issuer to furnish to the U.S. Securifies and Exchange Commission information furnished by the issuer to any non-secredited investor pursuant to paragraph (b)(2) of Rule (Print or Type)                                               | iled under Rute<br>, upon written<br>502.              | 505, the following request of its staff, |
|      |                                                                                                                                                                                                                                                                                                                                                                                              | ARCH 5, 2                                              | 004                                      |
| _    | e of Signer (Print or Type) Titue of Signer (Print of Type)                                                                                                                                                                                                                                                                                                                                  |                                                        | •                                        |
|      | DMAS PRAGIAS PRESIDENT                                                                                                                                                                                                                                                                                                                                                                       | ,                                                      |                                          |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

10-23-03; 5:00PM;STURSBERG AND VEITH

| 1.                   | Is any party described in 17 CFR 23 provisions of such rule?                                                  | 0.262 presently subject to any of the disqualification                     | Yes No                     |
|----------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|
|                      | •                                                                                                             | See Appendix, Column 5, for state response.                                | _ •                        |
| 2.                   | The undersigned issuer hereby underly 0 (17 CFR 239.500) at such times as                                     | ice is filed a notice on Form                                              |                            |
| 3.                   | The undersigned issuer hereby under issuer to offerees.                                                       | takes to furnish to the state administrators, upon written request, int    | formation furnished by the |
| 4.                   | The undersigned issuer represents the limited Offering Exemption (ULOE) of this exemption has the burden of e | se entitled to the Uniform relatining the availability                     |                            |
|                      | er has read this notification and knows th                                                                    | ne contents to be true and has duly caused this notice to be signed on its | behalf by the undersigned  |
| The issu<br>July aut | horized person.                                                                                               |                                                                            |                            |
| ssucr (F             | Print or Type) TORMAX CORPORATION                                                                             | Signation                                                                  |                            |
| Issuer (F            | Print of Type)                                                                                                | Signation                                                                  | 5, 2004                    |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       | APPENDIX                       |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
|-------|--------------------------------|----------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|---|---|---------------------------------------------------|----------------------------------------------------------------------------------------------------|--|--|
| 1     | Intend<br>to non-a<br>investor | d to sell<br>accredited<br>rs in State | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | 4  Type of investor and amount purchased in State  (Part C-Item 2) |   |   | Disqua<br>under Si<br>(if yes<br>explan<br>waiver | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |  |
| State | Yes                            | No                                     |                                                                                | Number of<br>Accredited<br>Investors | Accredited Non-Accredited                                          |   |   | Yes                                               | No                                                                                                 |  |  |
| AL    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| AK    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| AZ    |                                |                                        |                                                                                | ·                                    |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| AR    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| CA    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| со    |                                |                                        |                                                                                |                                      |                                                                    | · |   |                                                   |                                                                                                    |  |  |
| СТ    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| DE    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| DC    |                                |                                        |                                                                                | `                                    |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| FL    |                                | X                                      | COMON STOCK                                                                    | 11                                   | 250,000                                                            | 0 | 0 |                                                   | X                                                                                                  |  |  |
| GA    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| ні    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| ID    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| IL    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| IN    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| IA    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| KS    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   | •                                                                                                  |  |  |
| KY    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| LA    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| ME    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| MD    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| MA    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| МІ    |                                |                                        |                                                                                | -                                    |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| MN    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |
| MS    |                                |                                        |                                                                                |                                      |                                                                    |   |   |                                                   |                                                                                                    |  |  |